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State File No. _____

FILED JUN 14 1957

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. OR DIST. NO. <u>5028</u>		Registrar's No. <u>1178</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Municipal Park</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Lockwood</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Lockwood, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Allen</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 7, 1913</u>	
9. AGE (In years last birthday) <u>43</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Anamosa, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Lyle Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Phyllis Griffith</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Phyllis Allen-Lockwood, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACCIDENTAL DROWNING</u> INTERVAL BETWEEN ONSET AND DEATH <u>LESS THAN 10 MINS.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>ATTEMPTS AT RESUSCITATION FUTILE</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		9294 42		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>CARTHAGE SWIMMING POOL</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>CARTHAGE</u> (COUNTY) <u>JASPER</u> (STATE) <u>MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 - -57</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>DROWNED IN WATER ONLY 3 FEET DEEP OFF SLIDE.</u>			
22. I hereby certify that I attended the deceased from <u>11:15 PM</u> to <u>ATTEND</u> , 19 <u>57</u> , that I last saw the deceased alive on _____, 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. ...</u> (Degree or title) _____				23b. ADDRESS <u>...</u>		23c. DATE SIGNED <u>6-8-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-8-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unk</u>		24d. LOCATION (City, town, or county) (State) <u>Honkinton Iowa</u>	
DATE REC'D BY LOCAL REG. <u>6-8-57</u>		REGISTRAR'S SIGNATURE <u>...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>The Ulmer Funeral Home - Carthage,</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)



WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Inspector
County File Number
Date Filed JUN 1 1957

JUN 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 11955

P. O. Address...Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.